

# AMPUTATION CHART

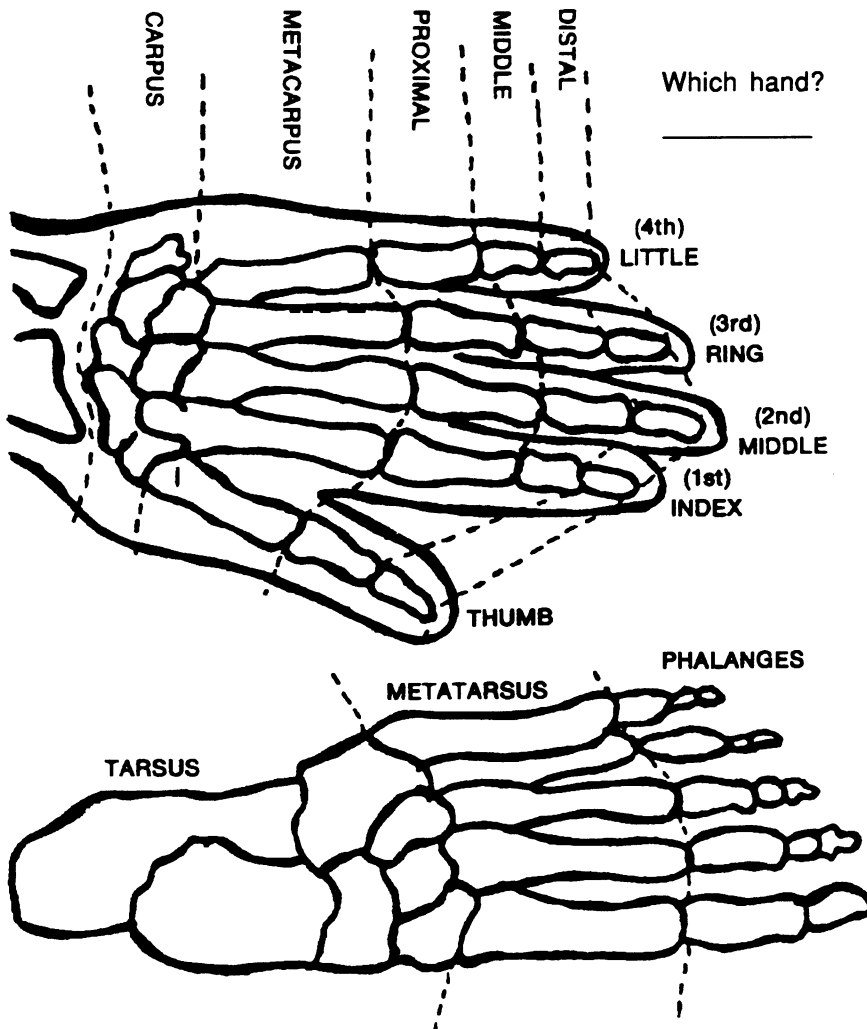
Michigan Department of Consumer & Industry Services  
Bureau of Workers' Disability Compensation  
P.O. Box 30016, Lansing, Michigan 48909

EMPLOYEE NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
EMPLOYER				DATE OF INJURY
INSURANCE CARRIER OR SERVICE AGENT				DATE OF BIRTH

In all cases of amputation, the diagram below should be used to designate the exact point of amputation, which must be marked and certified by the operating surgeon only. In cases of amputation of arm or leg, surgeon must state exact distance below elbow or knee of such amputation.

Distance below elbow: \_\_\_\_\_

Distance below knee: \_\_\_\_\_



Which arm?  
\_\_\_\_\_



Which leg?  
\_\_\_\_\_

I hereby certify that I marked the above diagram on \_\_\_\_\_, 20\_\_\_\_, and that said marking correctly indicates the amputation(s) made upon \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_, and that the remarks above, if any, are in my handwriting.

\_\_\_\_\_  
(Signature of Operating Surgeon)